



Parent/Legal Guardian Consent Form

The following consent form must be reviewed by a parent or legal guardian. All forms must be returned to the Community Center by **June 1, 2023** with or without a signature. If the form is turned in without a signature, we will assume we do not have consent.

Child's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian Consent Statement:

By signing this form, I give my informed consent to the Camp LMT staff members, who are certified in CPR, AED, and First Aid by a nationally recognized provider, to provide First Aid, CPR, and AED measures when deemed necessary at the discretion of Camp LMT staff members. This includes the use of liquid Benadryl. I fully understand that there are risks associated with the administration of this care and agree that I will not hold Camp LMT, Lower Makefield Township, or any of its staff, volunteers, or members responsible for any adverse consequences caused by the administration of the care listed above, including bodily injury or death.

I authorize Camp LMT to arrange for necessary transportation to the nearest medical facility, specifically an ambulance, appropriate to the condition for urgent or emergency medical treatment, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician at the receiving facility to secure and administer any medical treatment deemed necessary for my child, including hospitalization.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____